

NOTICE OF INDEPENDENT REVIEW DECISION

May 8, 2003

RE: MDR Tracking #: M2-03-0776-01-SS
IRO Certificate #: IRO4326

The ____ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to ____ for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

____ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a ____ physician reviewer who is board certified in neurosurgery which is the same specialty as the treating physician. The ____ physician reviewer has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to ____ for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Clinical History

This patient sustained a back injury on ____ working as a machine operator. He went to open the door of his work station when he slipped on a water and oil mix and fell on his back. He has complained of back pain and stiffness since that time. He has had physical therapy and lumbar epidural steroid injections with moderate to good relief. He has seen a number of physicians for pain relief and eventually had a neurological surgery consultation.

Requested Service(s)

Posterior lumbar interbody fusion with cages and posterolateral fusion, L3-S1 with plate and screw fixation

Decision

It is determined that the posterior lumbar interbody fusion with cages and posterolateral fusion, L3-S1 with plate and screw fixation is not medically necessary to treat this patient's condition.

Rationale/Basis for Decision

Objectively, an MRI revealed a defect in the pars interarticularis at L5 and associated grade one spondylolisthesis of L5-S1. No evidence of bulging or herniation was noted. The post-myelogram CT revealed the same; specifically, no areas of spinal stenosis or herniation were found. There were mild degenerative changes with minimal disc bulging centrally at L3-L4 and L4-L5. These results do not indicate medical necessity for extensive spinal decompression and reconstruction. Therefore, it is determined that the proposed posterior lumbar interbody fusion with cages and posterolateral fusion, L3-S1 with plate and screw fixation is not medically necessary.

This decision by the IRO is deemed to be a TWCC decision and order.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **10** (10) days of your receipt of this decision (20 Tex. Admin. Code 142.5 (c)).

If disputing other prospective medical necessity (preauthorization) decisions a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision (28 Tex. Admin Code 148.3).

This Decision is deemed received by you 5 (five) days after it was mailed (28 Tex. Admin Code 102.4(h) or 102.5(d)). A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Workers' Compensation Commission, P.O. Box 40669, Austin, Texas, 78704-0012. **A copy of this decision should be attached to the request.**

The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute (Commission Rule 133.308 (t)(2)).

Sincerely,

In accordance with Commission Rule 102.4 (h), I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on this 8 th day of May 2003.
